

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Texas Democratic Party

Full Name (Last, First, Middle Initial) A. Martha Morse			Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2013 Transaction ID : 11ai-000378132		
Mailing Address 13006 Prince Forest Ct			Amount of Each Receipt this Period 100.00		
City San Antonio	State TX	Zip Code 78230-1924			
FEC ID number of contributing federal political committee. C					
Name of Employer Childrens Critical Care Specialists		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			
Full Name (Last, First, Middle Initial) B. Holly Greef			Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2013 Transaction ID : 11ai-000379117		
Mailing Address 6665 Lakewood Blvd			Amount of Each Receipt this Period 250.00		
City Dallas	State TX	Zip Code 75214			
FEC ID number of contributing federal political committee. C					
Name of Employer None		Occupation Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) C. Carrin Mauritz Patman			Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2013 Transaction ID : 11ai-000378031		
Mailing Address 2702 Moonlight Bend			Amount of Each Receipt this Period 5000.00		
City Austin	State TX	Zip Code 78703			
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation housewife			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			5350.00		
TOTAL This Period (last page this line number only)..... ▶					